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J.N. Andrews Honors Program
Andrews University

HONS 497
Honors Thesis

-Salud Sin Barreras-
Health Without Borders

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This experiential narrative seeks to acknowledge the voices of Spanish speakers with a limited knowledge in English by documenting their past experiences with healthcare services and its accessibility to them in certain regions of the United States. Being introduced to each individual interviewed, readers will become acquainted with the subjects, and be able to hear their personal stories, challenges, and opinions regarding language barriers in healthcare. My findings will reveal whether healthcare services are equipped for Spanish speakers, or whether they leave them with their essential needs unmet, due to the reparable, yet not acted upon, setback of a language barrier.

Imagine being surrounded by people, but not being able to communicate with them. You see their mouths moving, facial expressions displaying, yet no matter how hard you try and focus in on the words escaping their mouths, all you hear are sounds. It is an unexplainable feeling of helplessness as you beg your brain to register the language for you, but it simply cannot. This is how it feels to live in a place, where those around you, do not speak your same language. Having traveled to Argentina immediately after graduating from high school at the age of 17, I can completely relate as I was immersed into a Spanish speaking culture. Not knowing more than around five words in Spanish I struggled everyday, some nights crying myself to sleep, not due to homesickness, but because I simply could not understand anything; and felt as if I never would. The biggest glimmer of hope would then come from stumbling upon someone who too spoke English. I immediately wanted to latch onto them and never leave their side for in that moment, I could finally understand, and also be understood. It was through this exposure did I learn that communication, something we take so much for granted, do we only truly realize its value and powerfulness until it is stripped away.

Through the experience of traveling abroad and being hindered by a language barrier, I can now understand and relate to what it feels like to be a foreigner; I was limited from doing certain activities all because I was not capable of articulating myself. Therefore, because of this exposure, and for having walked in their shoes, now back in the U.S, I wondered how Spanish speakers who are not fluent in English must feel when they move to the states. For unlike me who had the advantage of being in a program and environment that promoted the learning of the language with many aids available to help me do so, I know that some of these Hispanic migrators do not have the same advantage; the same convenient tools that were provided at my fingertips are not also at their disposal. Generally arriving

knowing little to no English, and many times not having any friends or family to help them get by, this group is completely on their own. Furthermore, as I plan on entering into the healthcare field, I speculated that if I struggled to ask for something simple as two scoops of ice cream, I could not even come to imagine asking for something more complex such as medical help. But as healthcare is an essential need for the existence of man, it should never be limited to someone all due to a language barrier; it should be accessible to all with the patient being able to enter into the facility knowing that they will be able to fully express themselves and their needs with ease.

In conducting pre-research I found that as of July 1, 2016 according to the United States Census Bureau, the Hispanic population was 57.5 million making the Hispanic population, the nation's largest ethnic minority. Furthermore, as reported by the US News in an article, it was cited that the US Census Office estimates that the "US will have 138 million Spanish speakers by 2050, making it the biggest Spanish-speaking nation on Earth, with Spanish the mother tongue of almost a third of its citizens" (Burgen, 2015). In like manner, the Index of Human Development ranks Spanish as the second most important language on earth, placing itself before Mandarin and behind English. In viewing these statistics, in addition to my experience spent abroad, did I find the desire to explore the experience Spanish speakers, who have a limited knowledge in English have, when accessing healthcare services in certain regions of the U.S. I wanted to inquire whether or not our facilities were equipped to deal with this group of speakers who constitute a large number of our population. For if a Spanish speaker feels as if they cannot go to the practitioners' office, as a result of knowing that they will not be able to adequately articulate themselves to the providers, their access to healthcare is reduced all because of the inability to communicate.

Aware that the U.S. has different modes available for Spanish speakers when approaching healthcare, I wanted to ensure that the systems we do have in place, are a complete convenience to this group. For while we have certain availabilities set in place such as the option to press 2 on the phone upon calling different businesses for the language to be switched to Spanish, or airports restating their announcements in Spanish immediately after they have been said in English: are these changes ones that we English speakers have fashioned ourselves believing will be useful for Spanish speakers? Or, are these accommodations coming from the speakers themselves as to what innovations they first-hand know would better serve them? I felt as if in seeking helpful new modifications that could be implemented to equally suit the Spanish speaker as it did the English speaker, we were always approaching the businesses' and overall the secondary sources. But why not the first source: the one's being directly affected? Where was their voice? For this reason, I decided that I wanted my research to be conducted as a narrative. It is in this way that my audience would be able to become acquainted with my subjects and hear their voices, personal stories, and challenges that they face when it comes to the possible language barrier in the U.S healthcare facilities. This is how my research stands to be unique.

I intended on aiming to look through a different lens that has not been truly focused in on before. While researchers prior to me have gone to hospitals and or businesses to inquire what programs are in place when encountered with a non-English speaker to bring to light what changes might possibly need to be made to better accommodate Spanish speakers who are not fluent in English, I question why we have not gone straight to the source. Considering that no one can make better suggestions and or comments than they themselves, why not connect with them to see what they would like to see transpire in the healthcare field to make it more accessible for them and their families? In doing this, my

research was able to shine some light on as to where we stand with the language barrier in certain regions of the United States healthcare fields, while also ultimately identifying if we are doing a good job of ensuring that healthcare is accessible to all. For not only are language barriers hindering, but they can lead to dire consequences if the communication between patient and provider is misunderstood: "Effective communication is essential to achieve positive health behaviors, reduce risk factors and improve outcomes" (Garcia).

Consequently, by approaching Spanish speakers to hear their voice, will we be able to make the United States even more harmonious, in the sense that while harmony is made up of various parts, when you put it together, it is one.

The last thing the United States needs is an increased divide amongst our people. Therefore, my hope and objective in conducting this research was to be a positive service for Spanish speakers who know minimal English as I know first-hand what it feels like to be immersed in another culture, facing challenges in my daily activities that would otherwise be simple all because I was without the means to communicate, but yearning to. I desired to not only tell Spanish speakers who have a limited knowledge in English that I can relate to the feelings they might be experiencing here in the U.S, but tell them how I took those feelings and attempted to make a difference, for in the words of Mother Teresa, "We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop."

To carry out my research I interviewed a total of 12 Spanish speaking subjects from different regions of the U.S. who had a limited knowledge in English or at least at one point did when first arriving to the U.S. These subjects were selected through a convenience sample meaning that I approached those I knew in my network of contacts that were found within my local communities such as the Midwest where I study, and the East Coast where I

live. The interviews lasted between 15-20 minutes and were conducted in Spanish and later translated into English. The evaluations consisted of documenting demographic information, assessing English fluency, and asking about my subjects' healthcare visit experiences when it came to communicating with the receptionist, nurse, and or doctor. The transcripts of my subjects were then studied to find patterns in their responses to identify recurring themes and suggestions. From this, I wrote an experiential narrative that reports the found observations, trends, and suggestions of Spanish-speaking individuals accessing healthcare in ranging regions of the U.S.

(To keep the identities of my interviewees private, they are referred to as Subjects A-G if the permission to use their real name was not granted.)

Subject A

Meet Emilita Orz. Living in Lima, Peru, the area in which she resided was not economically stable, making it hard for her to find a job and earn a sufficient income. With a young daughter, her ex husband refused to help pay for any costs making it seemingly impossible to ever even obtain the bare minimum. On top of it all, the area in which she lived was not very safe. Feeling lost, all she was certain of, was that she wanted her daughter to live and grow up in a place much better than where they were at the time. Her sister, who lived in New York knew this and encouraged Emilita to move to the U.S. Knowing that this could be her only opportunity of hope, Emilita took the chance leaving her daughter at the mere age of 5 to seek a better future for her.

Arriving to the U.S. more than 17 years ago, at the age of 29, Emilita explained how at first she could not speak any English at all, but now feels that she can speak it minimally knowing basic personal information and some essential important words. What she says makes learning English hard for her is pronunciation, as well as the order of words in the English sentence. She explains that when translating a sentence from Spanish to English, English puts their words in a different order than how they are placed in Spanish, which can be confusing.

Going different places Emilita reveals is very stressful. Sometimes she has complaints about things she would like to express, or she is searching for something important but no one knows how to help her because they do not understand her. On approaching healthcare, Emilita describes a memorable visit to the doctor as unsatisfying. She explained how she had many concerns about her health, but she could not relay a single problem to him as she could not understand him, nor he her. Because of this, she stated that

she had to schedule another appointment, but this time bringing along a friend who spoke English to accompany her for the next visit to translate on her behalf.

When asked what modifications she would like to see transpire for the language barrier to be moderated, Emilita answered with a two part answer. She first took it upon herself and expressed that she knows by her improving her English it would help immensely, as well as if there was a person who was bilingual at every facility able to translate for those who do not understand or speak any English.

Subject B

(The daughter of Emilita Orz)

At the young age of 5, Ingrid Rosario explains that the earliest memory she can summon into mind is her mother hugging her crying, and then leaving, but she was not too sure as to why. Later she said an aunt told her that her mother was going away for a short while but they would be together again before long. With that, Ingrid revealed that not a day would pass without her mother calling her and promising that they would be reunited again soon; but until then her grandparents raised her.

Once Ingrid's mom felt that she had a stable life and could fully provide for herself and her daughter, at the age of 17, she brought Ingrid to the U.S. and the two were finally reunited. While this was the day Ingrid had been waiting for all her life, she soon found that living in the U.S. was going to be harder than she thought. She recalls an experience that she describes as unforgettable: "When I entered into high school, I took a class with a teacher who spoke really fast. I never understood anything that she said. Out of that whole hour and a half, I only understood when she greeted us in the beginning of class and said goodbye at the end. On top of that, sometimes I didn't know if she assigned homework or an important project. At one point of the school year I got so frustrated, that I would stay in the bathroom for the whole period so that I wouldn't have to enter the class and feel bad for not understanding anything." She goes on to explain how while now, she can speak fluently, 4 to 5 years ago she hated going anywhere out of fear that someone would try to speak to her with her knowing that they would not be able to communicate; this ultimately made her feel limited from doing certain activities.

What Ingrid discloses to be difficult about English is pronunciation. Many words to articulate she confesses are hard for her, so she constantly searches for synonyms that she

knows she can pronounce with ease so that she can avoid embarrassing herself in front of people.

When it came to healthcare, Ingrid explained how in the beginning when her English was still poor, she would hate going to the dentist. Thankfully she later found a facility that had an assistant who was bilingual. With the assistant by her side to translate, she relayed that she felt so much more safe and at ease. Without her, Ingrid stated that she would be lost feeling insecure and anxious as she had in the past.

Modifications that she believes would help with the language barrier also consisted of a two-part suggestion. She first proposed watching T.V. in English as well as reading books to help practice English on your own part. Next, she added that always having someone available at facilities who spoke and understood Spanish would help, as she knows how beneficial it was to have the bilingual dentist assistant help her.

Subject C

Subject C arrived to the U.S. at the age of 24 when her husband found work in Chicago. Now having resided here for almost 50 years she expresses that her English level is still minimum. She accounts this to not having learned it in school only attending until the third grade. For that reason, traveling to the U.S., she explained that she was very scared to move here aware that she would not be able to communicate with others. She attributes the little English she does know now to her kids.

When it comes to the language barrier subject C states that she does not allow it to stop her from doing what she needs to do; she goes everywhere and anywhere; even when it comes to the doctor's office she makes it work. Informing me that despite there being someone who can also speak Spanish available at the facility, she calmly disclosed that she will use the few words in English she knows to her knowledge, as well as her hands and facial expressions to communicate what is hurting her. She gives the example of if her knee is hurting she will point to it, and exhibit a face of pain to relay to the doctor that she is experiencing discomfort in that area. It is through she says, that she is able to communicate with English speakers without actually speaking English.

Modifications subject C believes would help with the language barrier in Healthcare, would be if facilities were to even have just more nurses who spoke Spanish accessible; this is what she revealed has greatly serviced her in the past.

Subject D

With his father first moving to the U.S. to look for a brighter life and future for his family in El Salvador, he and his mother migrated over as well once his dad found a stable job. Subject D was 14 years old when he moved knowing no English. For that reason, upon arrival to the states he stated that he was afraid because he never could understand what people were saying to him; he described living in the U.S. as a completely new world.

What subject D believes to be difficult about English is the different meanings for seemingly like words in both languages. He explains deeper that two words will appear the same in spelling and length, yet once translated, the two words will have two completely different meanings.

Now having lived in the U.S. for 8 years, subject D says that he speaks more or less fluently but what makes doing daily activities slightly uncomfortable is his strong accent. It is with this does he state that people look at him weirdly and make others sometimes unable to understand what he is saying in English. Because of this, my interviewee says he is always questioning himself if he is speaking correctly.

A place subject D reveals that he does not like going because of the language barrier are American restaurants. He shares a story of him and his parents going out to eat. While the waitress would directly ask the parents what they wanted to eat or drink, the parents knowing they could not understand or be able to talk back with him would not make eye contact with the waitress, and would simply look at their son to answer for them. Because of this, subject D stated that the waitress became very rude thinking that his parents were being impolite for not answering her directly without even inquiring for the reason as to why they were not. Experiences like this he states are what now make him unable to have

relationships with people who do not also speak Spanish, because without that, he believes that they cannot have anything else in common.

When it comes to healthcare subject D relays that his experiences with the hospital or doctors' office have been more bad than good. Once he revealed that he had to continuously ask for someone who spoke Spanish so he would be able to explain why he had come but there was no one. Although his English at the time of this visit was getting better, he explains how that when he is panicked or nervous, his brain won't allow him to speak in English. Therefore, if there were someone who was available who could speak Spanish to help translate, he states that he knows he would be much more calm; this is what he would like to see as a change in facilities.

Subject E

Born in El Salvador, when subject E graduated at the age of 17 she knew that she could not continue studying because her parents did not have the means to pay for her studies. Aware that she would neither be able to find any other aids to help pay, she decided to come to the U.S. in the hopes that a way would be opened for her to have a better life to provide for herself as well as her family back home. Therefore, at the young age of 18 she moved to the U.S.

Upon arrival, subject E reveals that she was frightened because she did not know any English: "I felt that I was from another planet." She explains that she could not understand anything, which in turn made her afraid to go to the store or ask for anything. She confesses that she felt out of place and that going anywhere was very difficult; she would always search for someone to accompany her and translate for her. Now 45, subject D states that she is fluent in English but it came little by little over the years.

What my interviewee believes to be hard about learning the language is pronunciation as well as people who speak English very fast. She shares a story of how she worked at a McDonalds cash register, and would many times have to ask for help to understand their fast orders or for when they asked for something more complicated such as something extra with their meal.

Now with her fluency, subject E states that she goes everywhere with no problem, but she does have family that needs help going different places. She explains that she accompanies her mother who is 78 years old, arriving to the U.S. 8 years ago, but still not speaking any English. She states that especially going to the clinic she attends with her mother to translate to the doctor on her mother's behalf. Subject E also shares that her

brother does not speak any English but his 16-year-old son will do all the translating for him from the hospital to his school.

When it comes to Healthcare she now says that it is easy to approach these facilities but if there were someone who could speak Spanish, she states that she would prefer to communicate her concerns in her own language. The changes she would like to see she suggests, is to have someone that could also speak Spanish at hand at different facilities because she knows that for her family who cannot speak English for example, it would make their trips and experiences much more convenient.

Subject F

Born in Poza Rica, Veracruz, Mexico, subject F fled to the United States at the age of 22 because of domestic violence. Knowing no English, what added to her struggle of learning the language was that the house she moved into was filled with other Spanish speakers who also only spoke Spanish; because of this she was not exposed to any English making it all the more difficult for when she went out into the real world. This is exemplified in a personal story that my interviewee experienced working as a waitress at a restaurant. Generally able to understand her customers by them pointing to what they wanted on the menu, as well as her remembering the sound of their order and then repeating it to another worker in the back to place it, this particular day the customer requested something slightly more specific. Still remembering the exact order, subject F shares that the person dining in requested over easy eggs. Not understanding this clearly, she brought out something different and was fired for it. All because of a small misunderstanding, she was left jobless with a three-year-old back at home to take care of and provide for.

The biggest obstacle realized by my interviewee of having no knowledge of English came when having to deal with health and money. These two things she explains are especially important because you are going to want to understand everything clearly that a doctor or banker is saying to you. For that reason, subject F reveals that when she has a doctors appointment, she brings a friend she trusts to interpret for her. She then adds that if a friend is not able to go with her, she has to stay longer at her appointment simply trying to ensure that she is understanding everything correctly that the doctor is saying to her. Therefore, this subject's experience of accessing healthcare she states has been bad due to the language barrier. The modifications she believe facilities need to make in order to allow for healthcare to be more convenient would be for sufficient recourses to be available for

those who do not speak or understand English as well as expanding her own English vocabulary.

Subject G

In search of a better quality of life, subject G, left the Dominican Republic at the age of 29. Now having lived in the United States for 23 years she says that her level of English is regular. Explaining what she believes to be the biggest obstacle for when it comes to learning English is the pronunciation of words.

An incident that subject G discloses that she hates recalling when it comes to the language barrier in healthcare, is when she was giving birth to her daughter. She was in labor when she began to have problems from preeclampsia. Hearing all these alarms going off and machines flashing, her stress and fear heighten as she sees people rushing into the room. The doctors began trying to communicate with her what was happening and what they were going to do, but she could not understand anything. Minutes later she felt herself not being able to breathe leaving her having to act out that she couldn't let the doctors know. It was then that someone brought in a Hispanic custodial worker from one of the floors who from there translated everything between the two parties.

What subject G believes would help with the language barrier, is if there was always a translator present in the room, especially if the facility is aware that their patient does not speak any English, because if a situation happens in which she had to endure, she explained that it's very scary and frustrating when your life can be on the line and you have no idea what is going on because you can not understand the doctors.

Now acquainted with a few of the subjects, in evaluating my interviewee's answers, I observed the trends in their responses. In inquiring what Spanish speakers found to be difficult about learning English, a common answer was pronunciation. A part of why I believe Spanish speakers find it difficult to pronounce some words in English is because of the long and short sounds of the English vowels. While ours vary word to word, in Spanish, their vowels are pronounced the same for every word. For example, in English we have the words: bat, late, and father; in each of these three words the vowel "a" is pronounced differently. Meanwhile, in Spanish, you could have the words: padre, avión, and palabra. In each of these words, the "a" is enunciated the same. Thus while Spanish has 5 sounds, it is said that English has 43.5. In addition, English can be troublesome for many with its various irregularities such as silent letters- scissors, Wednesday, comb, honest and champagne.

Another recurring answer I received for what makes learning English hard to learn, is the placement of words in a sentence. In English, the adjective comes before the noun, but in Spanish it commonly comes after. For example: He is a poor man, versus: Él es un hombre pobre. The describing word comes last in the Spanish sentence to which in English would be directly translated as: He is a man poor. Also, in English the structure of a sentence is subject, verb, then preposition, meanwhile, in Spanish, the preposition at times comes before the subject and verb. For example: I buy them vs. Las compro, which in English would be directly translated as: Them I buy.

Lastly, the final trend for what my subjects' revealed to be difficult about speaking English is the various amounts of meanings for a word in English. One subject described it best: "I know 'luz' to mean just light, but you all then use it to talk about weight as well, it's too confusing because then I don't know to which they are referring to." Dr. Luis Garcia

himself shares some personal stories he has gone through with his Spanish-speaking patients of mistaking certain words they have said to describe their concerns, to mean something else.

Working at a practice in York Pennsylvania as a family physician, Dr. Garcia M.D. concentrates on tending to the Spanish-speaking community. He writes that: "the key to unblocking the best care for my Spanish-speaking patients is to ensure that we are, in fact, speaking the same language" (Garcia). He, though growing up spoke Spanish at home, admits that even for him translating Spanish to English can be confusing at times. He gives the example of a time early in his practice when many of his patients were complaining in Spanish of "fatiga." This he then translated directly as fatigue. From here Dr. Garcia would question them as to why they might be feeling tired. Finally, one patient one day corrected him and explained it more, saying they were experiencing "fatiga de respirar" which then is totally different- "shortness of breath." He gives other examples such as confusing "embarazada" for embarrassed which really means pregnant, and "intoxicado" misinterpreted for intoxicated, when really, Cubans use it as feeling sick because of something they ate. Words like this, that sound alike in both languages but have two very distinct meanings, can lead to unfortunate consequences. This shows that facilities not only need to have interpreters at their facilities, but qualified medical interpreters. For as Dr. Garcia himself speaks Spanish, he admits that even he gets confused with some medical words translated from Spanish to English. From this you can see how false fluency can also be a challenge for some when it comes to learning English.

To discuss and analyze my found results, I conclude that age and exposure are two key components that play a major part in the determining factor of if a Spanish immigrant will learn English when moving to the states. The tendency that I found in my subjects was

that those who arrived as children or teens were the ones who now present day listed that they feel their level of English is regular or fluent. Contrarily, it was the individuals who moved to the U.S. on the scale closer to 30 years of age and up, that shared that their level of English was none or minimum; some of these same people have lived in the U.S. for 20 years plus. It has been studied that it is easier for children to learn a language over adults:

“Children can spend more time and effort on learning than adults who have many competing demands; the motivation for children to fit in is much higher, and the habits of pronunciation and grammar of their first language are less deeply ingrained and thus easier to overcome. And, of course, all learning gets harder with age” (Schmid). Linguists call what children have as a “critical period” for language learning. Through the use of brain scans and statistical methods, it has been proved that our ability to learn a language begins to gradually decline with time.

Along with age, I believe exposure to English plays a big part in whether or not a Spanish speaker will learn English. I stand by this myself, as I wholeheartedly believe that the best way to learn a foreign language is through the immersion method. By going abroad for a year I felt as if I was thrown into the ocean: At first I could feel myself sinking fast, but this with time then transformed into treading, and finally in the end, I felt myself doing laps. Thus, a trend that I observed is that those who moved here and surrounded themselves by other Spanish speakers, were the ones today who are still not fluent in English. Age then falls into play when it comes to exposure however, as again, it is the younger ones who are able to go to school and be surrounded by the English language allowing them the advantage of grasping it whether they realize it or not in the moment. On the other hand, it is the older individuals who must simply go to work not having many other interactions with others.

One subject confirms this as she states that the reason she feels she has not learned the language is because her only routine is to go to work and then return home.

In continuing on in the evaluation of the trends found in my subjects' transcripts, when it came to accessing healthcare I almost always received a two-part answer for what modifications they believe would make it more accessible. The Spanish speakers started off by saying that they knew that they themselves should broaden the few words they already know in English. In doing so, they admitted that they first-hand could begin to help lower the language barrier. The second recurring solution that the speakers suggested would make approaching healthcare more convenient for them, would be if there were always someone who was bilingual available at every facility. My subjects expressed that in being provided the absolute certainty that someone who could speak and understand Spanish would always be present, the hassle of finding a trusted companion to accompany them to their appointment to translate would be eliminated, along with the stress and anxiety that if they could not find someone to go with, that they would not be able to relay their health concerns to their providers. What I liked so much about the two-part answer I received from my subjects is the fact that they first held themselves accountable, and then desired the convenience of an available interpreter at the facilities. Through this answer you can see that the Spanish speakers knew that they have a part to play as well as the providers, and through this dual participation, healthcare could be made more accessible.

To discuss the trends found from my interviews, I concluded that our healthcare facilities might need to do a better job advertising their linguistic availabilities for those who do not speak or understand English. Aware that this Spanish-speaking group constitutes a large percentage of our population, I have noticed that nowadays I observe many signs on stores reading: "Hablamos Español" which means, "We speak Spanish." I believe that

businesses are beginning to do that so that they can broaden their clientele group while also ensuring Spanish speakers that they can enter without the stress of thinking that they will be unable to articulate themselves if they have a question. When interviewing my subjects for those who said that they must bring a friend with them to translate, I would always ask: "Was there not anyone available at the facility to interpret for you?" The same answer I would receive was that they did not know. That being said, it may very well be that these facilities do have a protocol set in place for these types of situations to provide proper accessibility, but this affected group is not aware of it. Talking to my father who is a primary care physician stated that his facility has a whole system in place for this type of circumstance called Stratus. Calling communication between patient and provider the cornerstone of the medical practice, Stratus comes on an Ipad. Having the ability to choose which language you need an interpreter for, once you click it, within seconds, patients and doctors are connected with an experienced medically qualified translator; there is even an interpreter for the deaf with this system. Stratus' mission is focused on "improving outcomes for limited English proficiency patients...and changing the way limited English proficiency patients communicate with their healthcare providers" (Stratus). It is through this program and programs alike, will healthcare be more accessible and trusted for speakers who are not fluent in English.

The final trend that I analyzed through interviewing my subjects is that region affects accessibility. Interviewing individuals from Maryland, Pennsylvania, Virginia, and Michigan, these subjects are the ones who shared the countless challenges they face with the language barrier for simple daily activities as well as regarding healthcare. But contrarily, the individuals that I interviewed from New York and Miami revealed that they have no trouble going anywhere or doing anything. They expressed that this is so because the area in which

they live is so concentrated with other Spanish speakers, that they can always find someone who also speaks Spanish.

Now having carried out this research, future investigation that could possibly be pursued from my study forward, would be to inquire which exact facilities these Spanish speakers who have a limited knowledge of English are attending. I believe that perhaps they may possibly be smaller clinics rather than larger ones. By pinpointing which exact facilities are the ones lacking linguistic availabilities, we can know which need to be approached to enlighten them on what they can possibly do to make their facilities more accessible for this group.

In conclusion, from conducting this research I now know the next steps I would like to take from here. I plan on approaching different healthcare facilities in the regions I interviewed my subjects in with my research, to ensure that not only do they have a system set up in place for this Spanish speaking group, but that they are also advertising their linguistic availabilities. No one wants to feel distant from his or her healthcare provider, but a language barrier is what does just that; a close relationship can never be established without essential linguistic availabilities set in place. And if this is the case, patients can possibly be left feeling insecure with those who they are potentially entrusting with their lives. Consequently, I desire for Spanish speakers to no longer say that they are unaware if there is someone qualified and bilingual able to interpret for them at a healthcare facility, but instead to have the absolute certainty that there will be. Therefore, I believe that every healthcare facility should strive to promote a “workforce that is both culturally and linguistically competent, as well as one that is culturally diverse as the American population” (Garcia). Now by having heard the voices, stories, and challenges of those being first-hand affected by the language barrier, and by having gathered their suggestions, action can now be taken to

improve the systems in facilities that may have otherwise been left seen as good enough. By intervening, I hope that one day Spanish speakers with a limited knowledge in English will approach healthcare in the U.S. knowing that no language barrier awaits them.

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